

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		48	7/2/01
<b>FORMALITY REVIEW</b>	Tbt	953	08-16-01
<b>RESPONSE FORMALITY REVIEW</b>	Act	97	10-16-01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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**BEST AVAILABLE COI**

If more than 150 claims or 10 actions  
staple additional sheet here

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927  
10/17/01

10/22/01  
10/17/01